

BEST AVAILABLE COPY

CLAIMS ONLY						Application Number <b>101698637</b>	Filing Date
						Applicant(s)	
						* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
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50							
Total Indep.					1		
Total Depend.			3		3		
Total Claims.	4		4		4		